

Case Number:	CM14-0119953		
Date Assigned:	09/16/2014	Date of Injury:	10/10/2011
Decision Date:	10/17/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured is a 50 year old male whose reported date of industrial injury is 10/10/2011. He is permanently disabled and diagnoses include low back sprain / strain, cervical spine sprain, myofascial and chronic pain along with depression without anxiety. The notes by primary treating provider were reviewed, dated April, May and June 2014. The request is for omeprazole and ondansetron. In May 2014, omeprazole had been started for "stomach upset". The patient was on Tylenol #3, which is a combination of acetaminophen with codeine. He was previously also on venlafaxine, an antidepressant and Norco (acetaminophen with oxycodone). The reason for initiation of ondansetron was not stated. In the notation of June 2014, the GI system of reviews was negative for nausea, vomiting and abdominal pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

REtrospective 5/12/2014 Zofran 4mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG pain chapter -Opioids used for nausea to chronic opioid use.FDA approved recommendations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Ondansetron.

Decision rationale: The use of Ondansetron (Zofran) chronically for opiate therapy related nausea is not recommended. As the patient's GI upset has improved with the use of omeprazole started on 5/12/2014, it is reasonable to discontinue Ondansetron as it may no longer be necessary, if indeed the GI symptoms were due to gastritis or gastroesophageal reflux, which are treated with proton pump inhibitors. Of note, chronic nausea requiring chronic anti-emetic therapy should prompt a search for potentially serious underlying conditions. No evaluation of the GI tract has been performed. No comprehensive history or examination of the GI system is available. Therefore, the request for Ondansetron is not medically recommended.

Retrospective 5/12/2014 Omeprazole 20 mg DR 1 tab two times daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS- GI symptoms PPI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, Harrison's Principles of Internal Medicine, Management of Dyspepsia, 18th edition, McGraw Hill, 2010.

Decision rationale: The injured worker complained of stomach upset. This complaint has not been further elucidated in terms of actual symptoms, associations, location of symptoms, chronicity, onset and pattern. Without this crucial information, it is not possible to determine whether the patient truly has reflux, gastritis (which can potentially be related to H pylori infection) or more serious pathologies such as a peptic ulcer or upper GI tract ulcerative tumor. Nonetheless, for "stomach upset", often providers do use PPI therapy. A short trial of this therapy is appropriate in suspected GERD without red flag signs such as GI hemorrhage, anemia, weight loss and dysphagia, which would indicate probable serious underlying pathology. Without a comprehensive assessment and evaluation, the request is recommended for certification only once. PPI therapy should not be continued indefinitely without an appropriate evaluation of cause of symptoms and whether ongoing therapy is required. It appears on the June 2014 documentation that the patient was having benefit from medications and did not report any GI symptoms. This presumably implies that the omeprazole was helpful. However, as mentioned before, indefinite therapy with PPI is unfortunately all too common. A third of prescriptions for PPI are inappropriate in the US and there are associated risks such as development of C difficile infection or community acquired pneumonia. There is also the risk of hypomagnesemia and development of osteopenia or osteoporosis. Therefore, PPI therapy is not benign.